

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/579242

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
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47			1			
48			1			
49			1			
50			1			
TOTAL IND.		8	1	8		8
TOTAL DEP.		18	20	18		18
TOTAL CLAIMS		21	21	21		21

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		8	1	8		8
TOTAL DEP.		18	20	18		18
TOTAL CLAIMS		21	21	21		21